

# Foster Family Home - Deficiency Report

Provider ID: 1-140054

Home Name: Shella Gem P. Navalta, CNA

Review ID: 1-140054-9

94-441 Kuahui Street

Reviewer: Jackie Chamberlain

Waipahu

HI

96797

Begin Date: 7/16/2021

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification.

Corrective action report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection.

## Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) No RN delegation present for Client # 1 [REDACTED]

## Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(3) Current copies of the client's physician's orders;

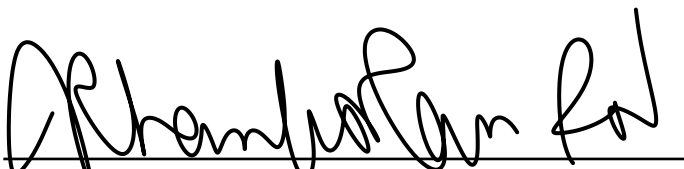

54.(c)(7) Expenditure records; and

Comment:

54.(c)(2) Service plan for client #1 does not include provisions for [REDACTED]

54.(c)(7) Client # 1 and 2 No Personal allowance log documentation

54.(c)(3) No written MD order for [REDACTED]. CG is using [REDACTED]. No [REDACTED] measures are in place

  
Compliance Manager  
  
Primary Care Giver

7/29/21  
Date  
7/29/21  
Date